

Intertextual practices in academic writing: A study of first-year undergraduate writing from sources

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Beginning writers & intertextuality

- Beginning students face significant challenges in making the transition to university study.
- Understanding what is required in written assessment tasks is a key area for these students.
- Drawing on source texts is a central characteristic of academic writing at university (Scollon, 2004).
- Ivanic (2004) uses the term intertextual practices to refer to the practices writers use to create meaning in their own writing by drawing on source texts.

Aims of the project

- Identify and explore the intertextual practices of beginning writers in a first-year undergraduate written assessment task (mixed methods study)
- Through an examination of their source use, develop an understanding of student interpretation of expectations around intertextuality in written assignments

Participants

174 first year undergraduate Health Sciences students enrolled in a core first year subject agreed to participate in the study.

	Frequency	Percent
Bachelor of Physiotherapy	42	24.1
Bachelor of Nursing	132	75.9
Total	174	100.0
Male	32	18.4
Female	142	81.6
Total	174	100.00
ESB	95	54.6
NESB	79	45.4
Total	174	100.0

NESB Language groups

	Frequency	Percent
Local	62	78.5
International	17	21.5
Total	79	100.0

Task

Using the precontemplation and contemplation stages of the transtheoretical model of behaviour change, discuss how to facilitate change in a person who has an addictive health risk behaviour.

Provide an outline of the issues in the precontemplation and contemplation stages, and discuss strategies you (as the health professional) would use to implement the model.

You need to find and evaluate appropriate literature to support your discussion.

Complete essay: 1000 words, 35 marks

Marking criteria

- Introduction and focus/position statement
- Evidence and examples
- Sequencing
- Closing paragraph
- Sources and referencing
- Sentence and paragraph structure
- Mechanics, grammar and punctuation

Quantitative research questions

Research Question	Analysis
What kinds of intertextual practices are characteristic of the writing of first year undergraduates in academic tasks that involve writing from sources, and what is the frequency of their use?	Descriptive statistics/frequency counts
Do the following factors have influence on intertextual practices: <ul style="list-style-type: none">i. Course of study with different entry cut-offsii. Language background (ESB/NESB)iii. NESB language group (Local/International)	Two way independent ANOVAs for course and language background; one-way independent ANOVAs for NESB groups (local and international)

Quantitative analysis

- 174 essays were collected from participants. Two essays had no attribution and were excluded from further analysis; therefore, $n=172$.
- Essays were broken into c-units, which are similar to t-units but include isolated phrases not accompanied by a verb (Crookes, 1990; Foster, Tonkyn & Wigglesworth, 1992).
- C-units with attribution were identified, and coded across several categories:

Macrostructure

Method of incorporation & Integration

Microstructure

Function

Mark & rate of attribution

Mark

- Mean score = 21.08 ($SD=3.79$), out of a possible 35 marks
- Pass mark
- Physiotherapy students ($M=22.93$, $SD=3.62$) scored higher than did the Nursing students ($M=20.48$, $SD=3.66$), and the difference was significant, $F(1, 168)=17.20$, $p<.001$, $\eta^2=.093$
- No significant difference between ESB & NESB students, or local & international NESB students

Rate of attribution

- Mean rate of attribution = .30 ($SD= .170$).
 - No significant difference in the amount of attribution between course groups or ESB/NESB groups
 - International NESB students ($M=.39$, $SD=.05$) had significantly more attribution in their essays than did the local NESB students ($M=.27$, $SD=.02$), $F(1,77)=5.05$, $p=.027$, $\eta^2=.061$
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Where did students use sources?

- Most students included an introduction, body and conclusion in their essay; the introduction was the element most commonly omitted.

	Count	Percentage
Introduction	103	60%
Body	172	100%
Conclusion	150	87%

- Most attribution located in the body of the essay for all groups ($M=.987$, $SD=.133$); remainder relatively evenly distributed between intro & conclusion
- No statistically significant differences between groups

Introduction

As might be expected, students used their sources in the introduction to set the scene.

Identifying model & originators	The Transtheoretical Model (TTM) was developed by Prochaska and DiClemente to assist people in maintaining a behavioural change (Barkway, 2009).
Purpose of the model	It is a stage-based model that uses cognitive and behavioural strategies to facilitate change (Barkway & Kenny, 2009).
Identifying scope of a health risk behaviour	There were 140 million people affected by alcoholism, despite its negative effects on the drinker's health, relationships, and social standing (WHO, 2006).

Body

There were many examples of uncited attributed statements in the body of the essays.

Patient statements	Illustration of this practice can be seen when on emphasis of a client's comment "I need to smoke" with correspondence "I can't be around my kids because they have asthma", developing discrepancies between their current lifestyle and the ones like they would like to live.
Health professional statements	This could be as simple as stating 'So you have decided?', although it could be more complex.
External source unidentified	For example, some psychologists published that most drug abuser spent less time and energy to think about their behaviors and themselves as well.

Conclusion

- Minimal attribution occurring in conclusions
- Usually mirrors attributed statements in the introduction, with “to sum up” attached

In summary, the TTM identifies the stages an individual goes through when making health behaviour changes. (Barkway, 2009)

In conclusion, as stated by Engs (2003), an addictive health risk behaviour is classified as "any activity, substance, object or behaviour that has become the major focus of a person's life to the exclusion of other activities, or that has begun to harm the individual or others physically, mentally, or socially is considered an addictive behaviour".

What methods of incorporation and integration did students use?

- Students across all groups indicated far more paraphrases than quotations ($M=.755$, $SD=.288$).
- Students in all groups relied heavily on citations that were not integrated ($M=.723$, $SD=.255$).
- There were no significant differences between course or language background groups, or between local and international NESB students.
- Consistent with other research findings (Lillis, Hewings, Vladimirov, & Curry, 2010)

For what purposes did they use sources?

Microstructure	Identifies how students used sources as they responded to aspects of the assessment task
Function	Identifies whether students were using information from sources to describe and define, or to evaluate and analyse

Microstructure

- Microstructure deals with how students responded to aspects of the specific assessment task within the structure of their writing.
- Certain aspects of the task required students to describe the Transtheoretical Model of Behaviour change and associated risk behaviours.
- However, to answer the question successfully, students needed to apply the model and provide specific strategies.

Aspects of the model

- Overall, students used their sources to describe aspects of the model and risk behaviours ($M=.538$, $SD=.262$) more than they did to apply the model ($M=.449$, $SD=.261$).
- This is the case more often with Nursing students ($M=.560$, $SD=.252$) than the Physiotherapy students ($M=.468$, $SD=.285$); the differences are significant but the effect size is small, $F(1, 168)=5.96$, $p=.016$, $\eta^2=.034$.
- No significant differences between ESB and NESB groups, or between NESB local and international groups.

Examples

Stages of the model	The precontemplation stage of the transtheoretical model of behaviour change is the stage at which a person does not realise that their behaviour may have health risks (Barkway & Kenny, 2009).
Risk behaviour	Cigarette smoking has other risk factors including cancers of the lip, oral and nasal cavities, bladder, kidney, pancreas stomach and cervix. (Quit SA, 2005).

Applying the model

- Physiotherapy students tended to use more of their sources to apply the model ($M=.526$, $SD=.285$) than did the Nursing students ($M=.424$, $SD=.249$). Once again, the differences are significant, but the effect size is small, $F(1, 168)=7.29$, $p=.008$, $\eta^2=.041$.
- No significant differences between ESB and NESB groups, or between NESB local and international groups.
- This doesn't mean that students didn't attempt to apply the model in their essays; they just didn't refer to sources when they did so.

Examples

Using the model

Health practitioners also facilitate recovery by reaffirming that relapse is a normal expectation and that cycling through stages is effective in the long term and not failure (Barkway,2009)...

Providing questions

A question to ask is what would have to happen for you to consider your behaviour as a serious problem (Kern, 2008).

Function

- Overall, students tended to use more of their sources for descriptive ($M=.523$, $SD=.219$) rather than analytical or evaluative purposes ($M=.426$, $SD=.220$).
- The Nursing students ($M=.4904$, $SD=.20629$) tended to do this more than Physiotherapy students ($M=.4050$, $SD=.22131$); the difference was statistically significant, although the effect size was small, $F(1, 168)=4.701$, $p=.032$, $\eta^2=.027$.
- No significant differences between ESB and NESB groups, or between NESB local and international groups.

Descriptive examples

Definitions

Health risk behaviours are defined as behaviours associated with increased susceptibility to a specific cause of ill health (WHO, 1998).

Lists

The five stages of the transtheoretical model are; precontemplation, where "the person does not recognise that the behaviour poses health risks and therefore does not perceive a need to change." (Barkway, 2009, p. 138); contemplation, in which "the person is aware that the behavior potentially causes health problems but is ambivalent about making a commitment to change." (Barkway, 2009, p. 138); preparation, where the "individual acknowledges the risk inherent in the behaviour and makes a commitment to change." (Barkway, 2009, p. 138); action, the stage in which "the individual takes action to change a health behaviour." (Barkway, 2009, p. 138). Maintenance is where "the person sustains the desired health behaviour" (Barkway, 2009, p. 138) while termination is where "the health behaviour does not need to be ongoing."

Analytical/evaluative examples

Outlining goals	The goal for this interview is for the client to express his or her behaviour and to present arguments for change. (Miller & Rollnick, 2002).
Explaining behaviour	This may be because they have tried changing previously and failed or they just believe change is hopeless [1]
Explaining the role of the health professional	Only when the individual decides to make a change can the therapist assist in developing and implementing plans and goals to facilitate behaviour change. (Barkway & Kenny, 2009 pp 140).

Reporting research

- Providing findings of relevant research studies was considered an analytical use of sources (function).
- However, many students would use these findings to identify or explain the health risk behaviour, rather than to justify their choice of strategies (microstructure).

A study conducted by Derevensky, Sklar, Gupta and Messerlian (2009) on adolescent pathological gamblers found that although these advertisements were not the cause of their gambling problem, they served as triggers when initiating or continuing gambling.

A study researched by the American Council on Health and science showed that nicotine is a drug that "can return people to a state which might be called psychological neutrality, no matter whether they have been removed from this state by stress or boredom".

Identifying goals

- Another common use of sources in this category was to define the goal of the health professional, rather than to explain or justify a strategy to achieve that goal.
- Specific strategies were often uncited.

Developed in 2002 by Miller and Rollnick the goal of motivational interviewing is to get the client to develop their concerns about their behaviour and to develop their own reasons for change. (Sinclair, 2011)

The goal for this interview is for the client to express his or her behaviour and to present arguments for change. (Miller & Rollnick, 2002).

What does it mean?

- Across all groups, students seem to be at least aware of expectations around structure and citation, and they are attempting to meet them.
- They are less aware of the larger role of evidence in academic writing, and how to employ their source information effectively.
- This is true of all student participants in the study, including those from English speaking backgrounds and in courses with higher entry requirements.

Why might this be the case?

- Students recognise receiving instruction around referencing, essay structure and types of evidence (credibility of sources).
- If they are receiving instruction around the purpose of evidence and its role in their writing, they do not recognise it.

What's next?

- Qualitative analysis
 - Selected interview data (literacy histories, talk around text) (Lillis, 2008)
 - Writing support information provided to students
- Qualitative research questions
 - How do the students in this group understand the role of intertextuality in academic writing?
 - How does the student's understanding of intertextual practices inform their use of sources in this task?

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